

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|----------------------------------|----------|--------|---------|
| FEES DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | 12 |
| FORMALITY REVIEW | C.H | 1085 | 4/17/01 |
| RESPONSE FORMALITY REVIEW | SIC | 809 | 7-23-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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| Final | |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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Att. 111
6/4/01 7:58:33
6/1/01 7:57:01

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